

| POSITION            | INITIALS | ID NO. | DATE    |
|---------------------|----------|--------|---------|
| FEE DETERMINATION   | D.B.     | 20205  | 10-A-99 |
| O.I.P.E. CLASSIFIER |          | 20     | 10/25   |
| FORMALITY REVIEW    | Ann      | 59229  | 11/9/99 |

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim                             | Date |
|-----------------------------------|------|
| Final Original 71<br>2224<br>0308 |      |
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| Claim          | Date |
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| Final Original |      |
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If more than 150 claims or 10 actions  
 staple additional sheet here

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